

SPECIAL EDUCATION STRATEGIST ENDORSEMENT

NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD SFN 58901 (07-2008)

Social Security Number	Date of Birth		ND Teaching License Number			
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Work Telephone Number						
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Harra Talankana Niyaskan		Frank Address				
Home Telephone Number			Email Address			
ast Name First Name		M.I.		Maiden Name		
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Mailing Address			City		State	Zip (9 digit)
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Prerequisite: Valid North Dakota educator's professional license in early childhood, elementary, middle, or secondary education.

Plan on file prerequisite: Applicant must have two years of teaching documented with a letter from administrator; 8 SH of special education strategist coursework; and documented supervision by a special education strategist teacher.

Reeducation Plan: Submit the completed teacher education program of study form. This endorsement will be issued one year at a time up to three years and must be requested by the applicant's administrator.

Endorsement Request and Verification: Once you have completed the requirements, request this endorsement be added to your license by returning this form to ESPB along with your official transcripts.

Fees: If you wish to add this endorsement between renewals, a non-refundable fee of \$75 must be enclosed. There is no additional fee to add this endorsement at your normal license renewal time.

Timeline: This endorsement must be completed prior to or within three calendar years of your first contracted employment as a special education strategist teacher in ND. Completion of this endorsement does not change your regular license renewal date.

Strategist Program of Study

30 SH of coursework primarily at the graduate I	evel from an approved teacher education	tion program verified throu	gh official transcripts.		
Coursework	Completed (SH)	Needed (SH)			
Exceptional children and youth					
Transition to adult life					
Assessment, program planning, special needs					
Introduction to learning and behavior problems					
Inclusive methods					
Behavior management for special needs stude					
Collaborative relationships					
Special education law					
Assistive technology					
Advanced assessment					
Advanced methods of SLD					
Advanced methods of ED					
Advanced methods of MR					
Secondary only: Elementary reading methods	S				
Secondary only: Elementary math methods					
	Total SH	Total SH			
SLD Practicum					
ED Practicum					
MR Practicum					
School problems and special education practice					
Administrator letter (see prerequisite above)					
Strategist name and documentation (see prere-	quisite above):				
Signature of Applicant	Date				
ESPB Review	Date				
Executive Director, ESPB		Date			
License Code	Type of Equivalency	Level of Preparation	Level of Preparation		
19155, 19255, 19355, 19455, 19555, 19655	23	DI 51 50 11			
Plan on File Start Date:	Plan on File Expiration Date:	Plan on File Effective I	Date:		

Submit completed form and \$75 fee to: ESPB, 2718 Gateway Ave, Suite 303, Bismarck ND 58503, (701) 328-9641 office (701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.



Payment/Credit Card Information

Type of Payment		Amount		
☐ Visa ☐ MasterCard ☐ Ch	neck	\$		
Name as it appears on credit card	Please sign to authorize credit card charge			
Credit Card Number	Expirati	on Date	3 digit CVV number on back of card	